

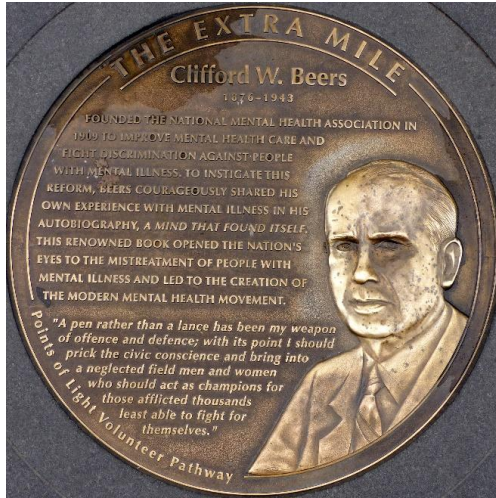


Maryland Behavioral Health Commission

Subcommittee 10.20.2020

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Mental Health America

Mental Health America



A Century of Advocacy “I must fight in the open.”

- To move mental health care from poor houses and prisons to health care facilities;
- To screen children for mental health conditions;
- To move dollars from custodial institutions to community-based programs;
- To make mental health a part of overall health.

-- 1913 Policy Agenda,
National Committee for
Mental Hygiene



Get informed.	Get screened.	Get help.
B4Stage4		MHA Mental Health America

What gives me the legitimacy to be here: It's personal!



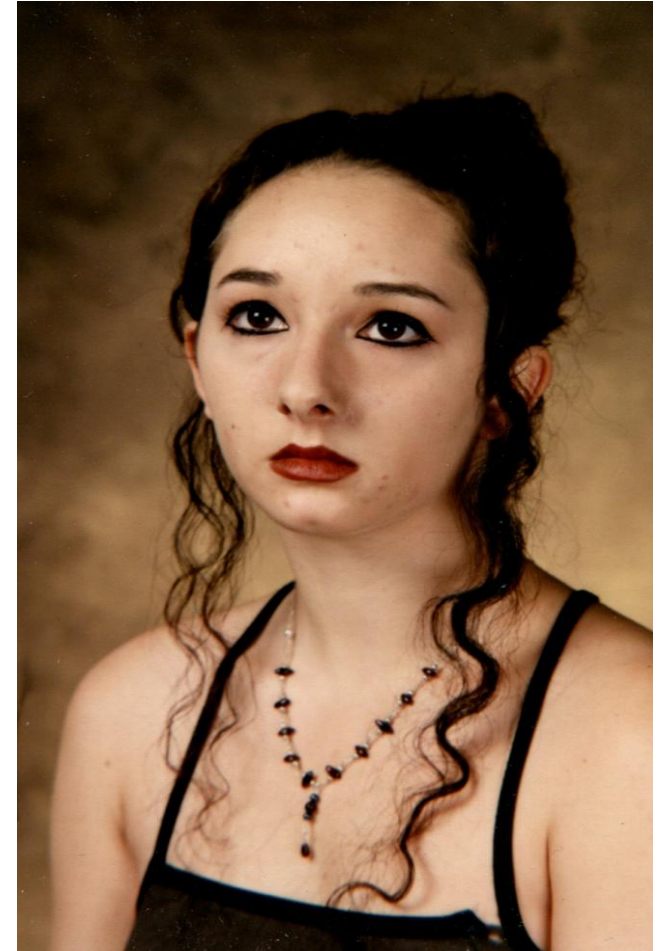
I know what families experience

Four very difficult years

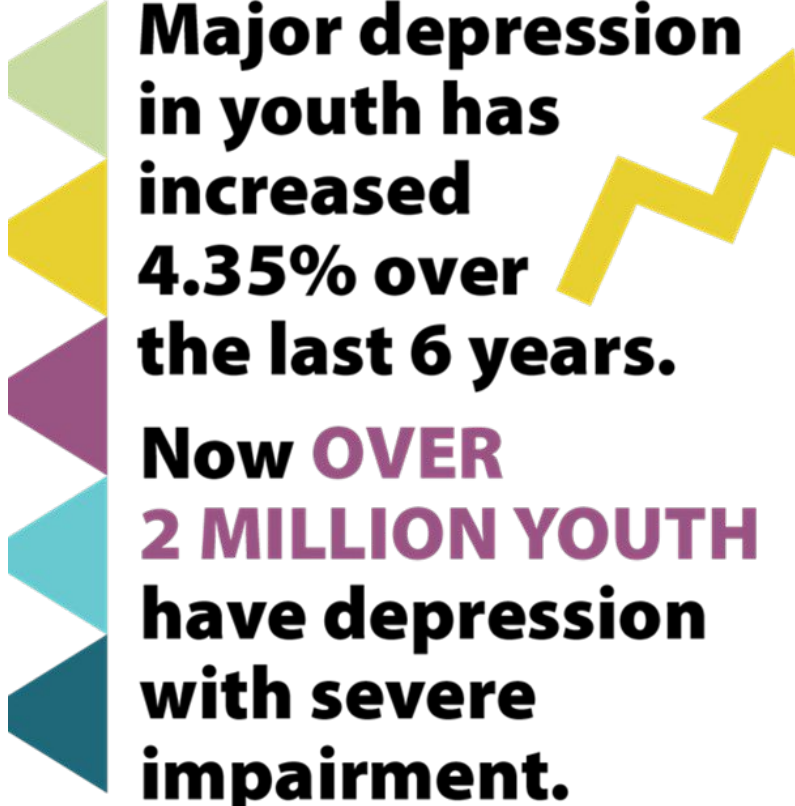
- No sugarcoating four years of unrelenting deep depression and suicidality
- Revolving door of inpatient hospitalizations, partial programs, outpatient and dozens of psych meds
- Age 14 was considered an adult at that time in PA
- I wanted to put a sack over her head, tie her up, and lock her in a closet!

Privilege made the difference

- In getting help—and getting it early
- Cobbling together treatment, pre-parity, and the role of really good credit
- Ashley at the center—the quintessential example of shared decision making!



The State of Mental Health in America Prior to COVID-19



**Major depression
in youth has
increased
4.35% over
the last 6 years.**

**Now OVER
2 MILLION YOUTH
have depression
with severe
impairment.**

Youth mental health is worsening:

- From 2012 to 2017, the prevalence of past-year Major Depressive Episode (MDE) increased from 8.66 percent to 13.01 percent of youth ages 12-17
- Increase in the prevalence of MDE with severe role impairment in the past year, from 7 percent of youth to 9.2 percent in 2017

Suicidal Ideation Continues to Increase

- Suicidal ideation among adults increased from 3.77 percent in 2012 to 4.19 percent in 2017
- The highest increases in rates of suicidal ideation were found in young adults, ages 18-25
- Job strain and unemployment have been identified as risk factors for suicide among adults




Millions of Americans Continue to Lack Access to Care




**MORE THAN 10
MILLION ADULTS**
have an unmet
need for
mental health
treatment.

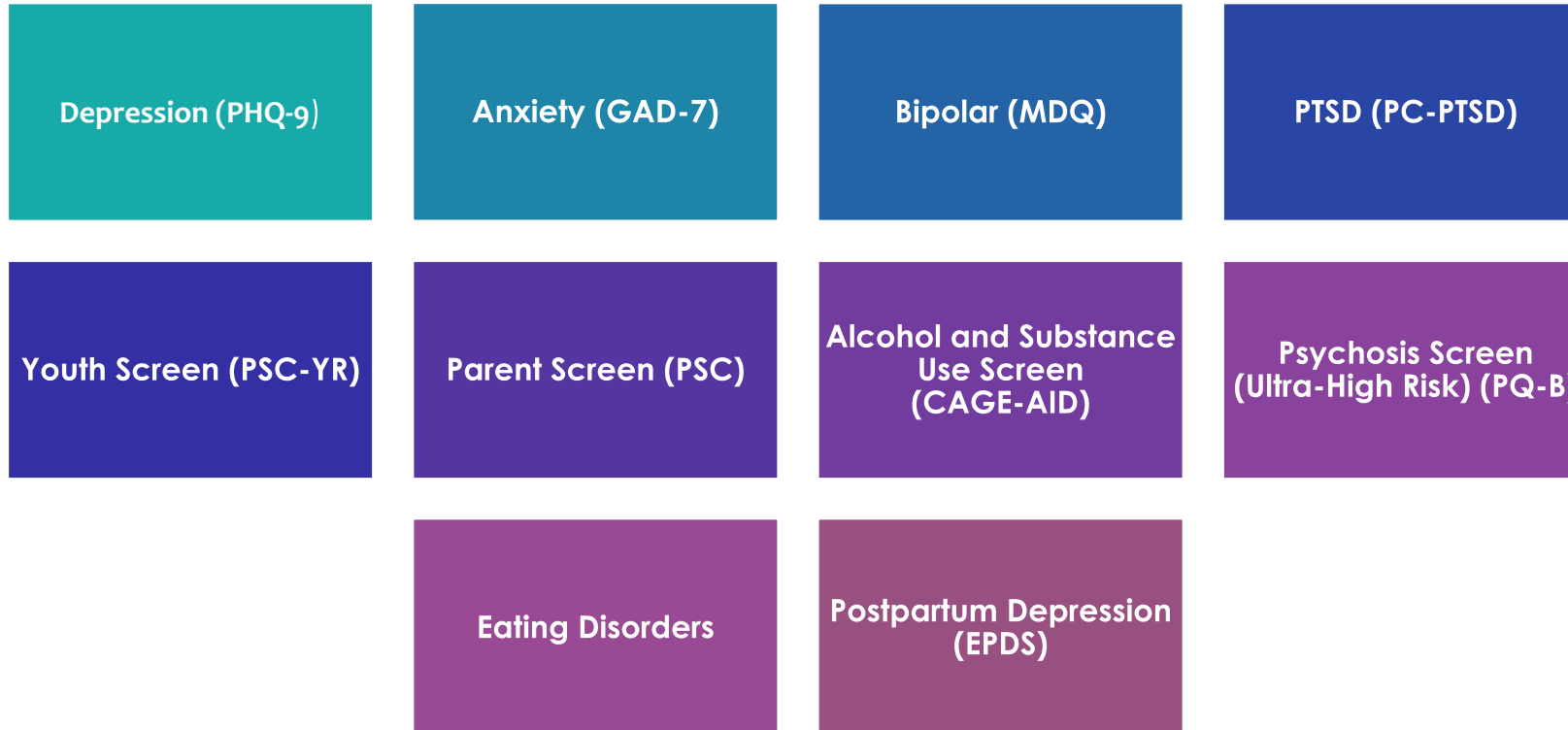
**That number has
NOT DECLINED
since 2011.**



OVER 70%
of youth with major
depression are
**STILL IN
NEED OF
TREATMENT.**

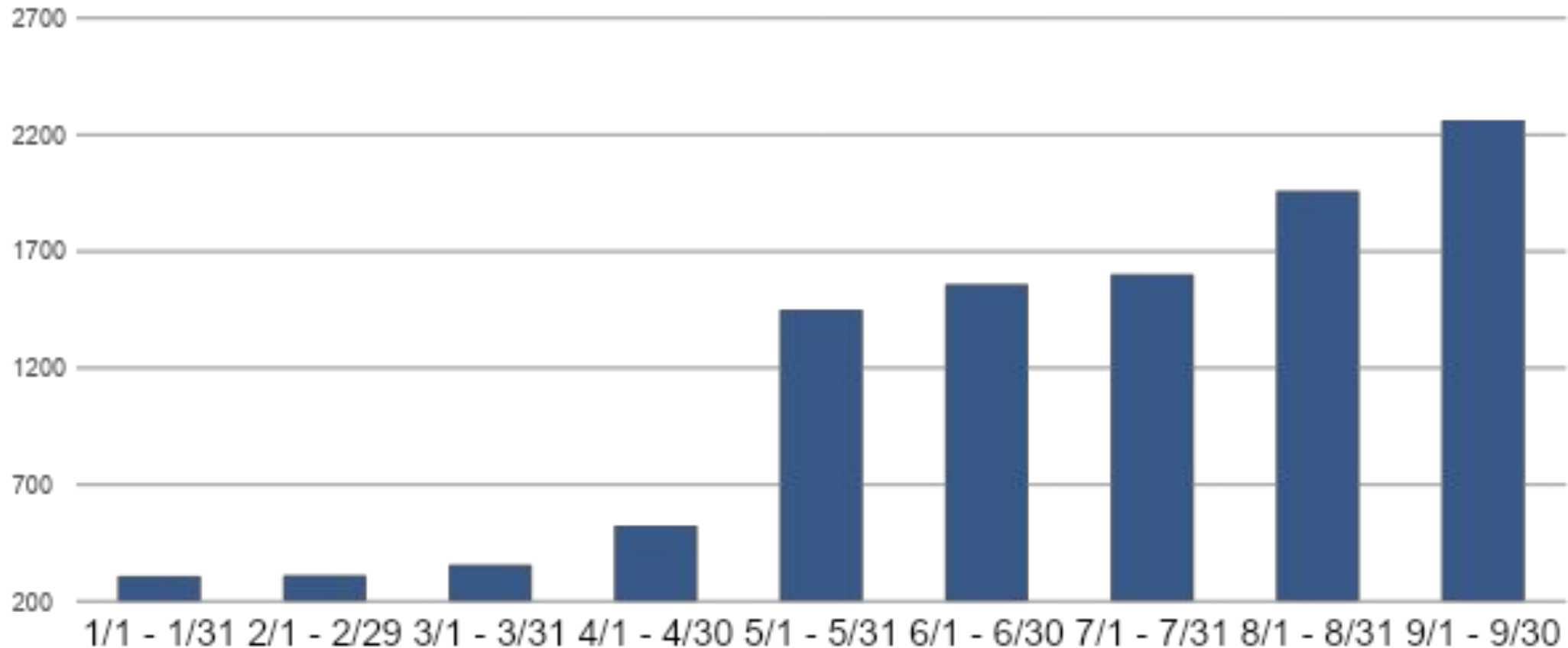


MHA Screening (www.mhascreening.org): Over 6 Million Completed Screens

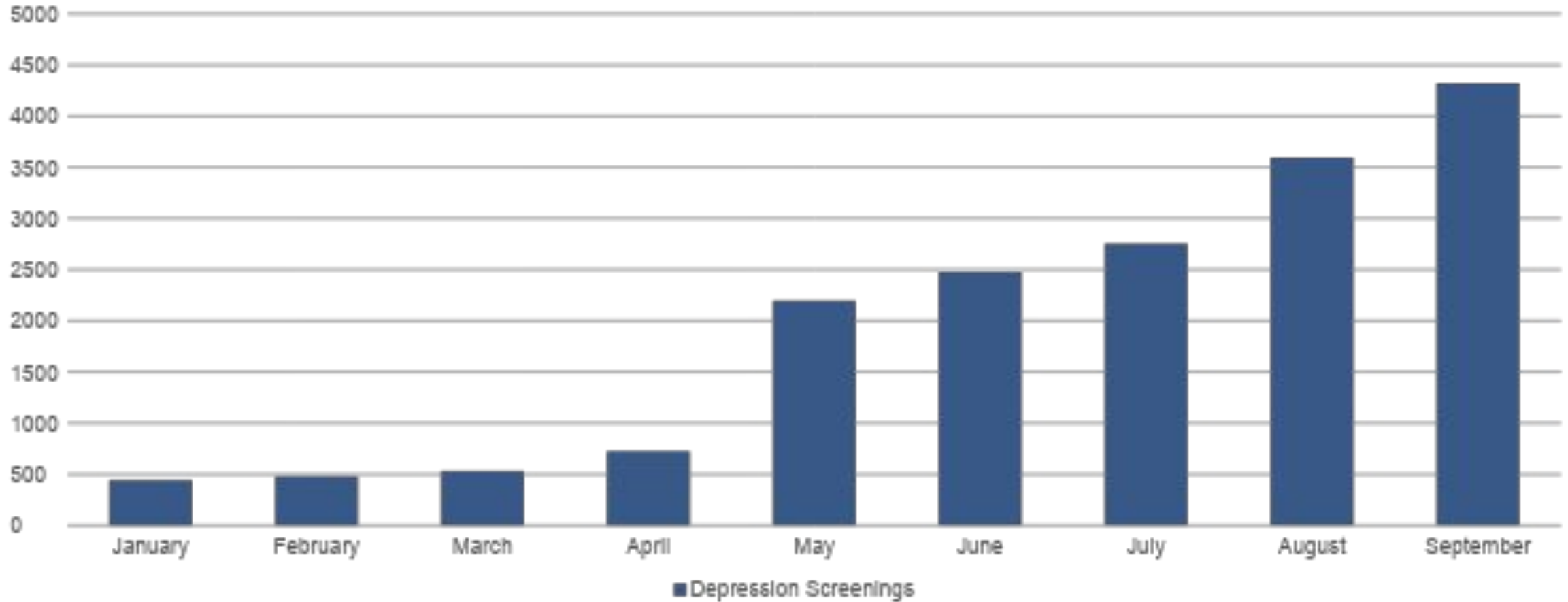


MHA Screening reflects the experiences of a help-seeking population that accesses mental health screening through www.mhascreening.org.
We do not reach the entire population; therefore our numbers are likely to underreport the actual experiences of the population.

In September, Per Day Anxiety Screenings Increased by 634% over January

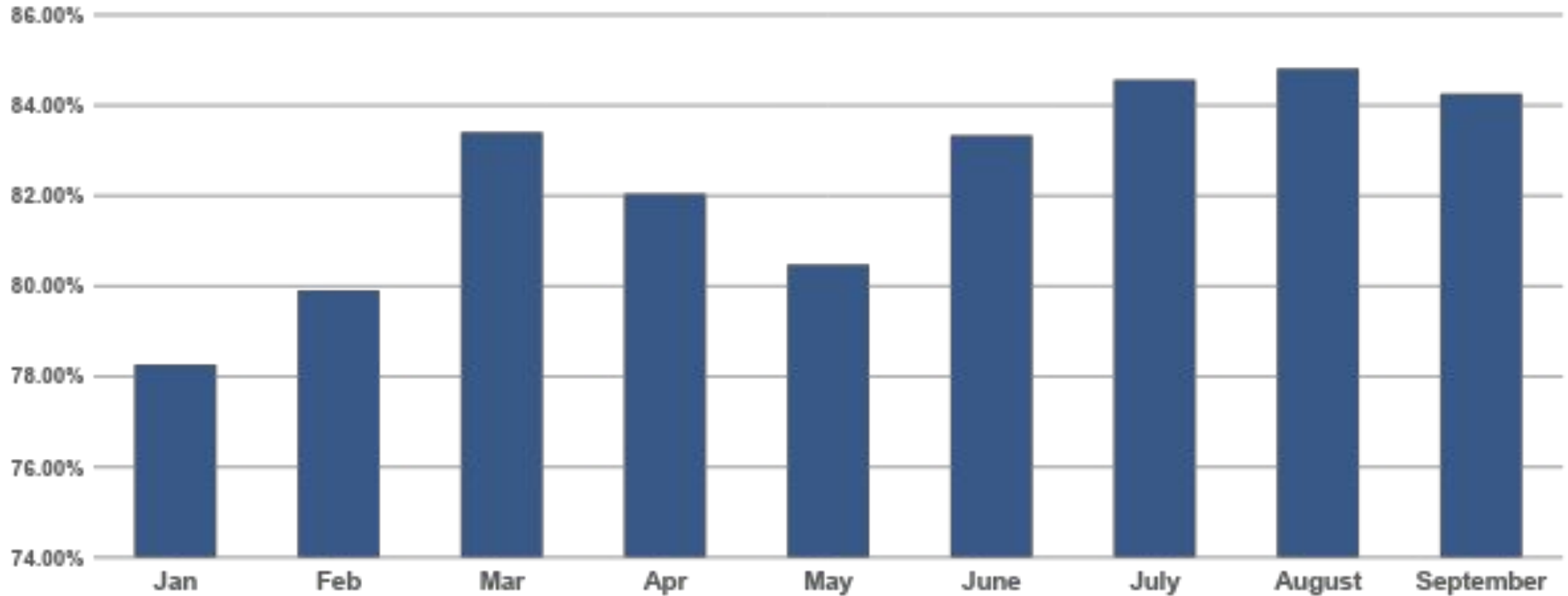


In September, Per Day Depression Screenings Increased by 873% over January

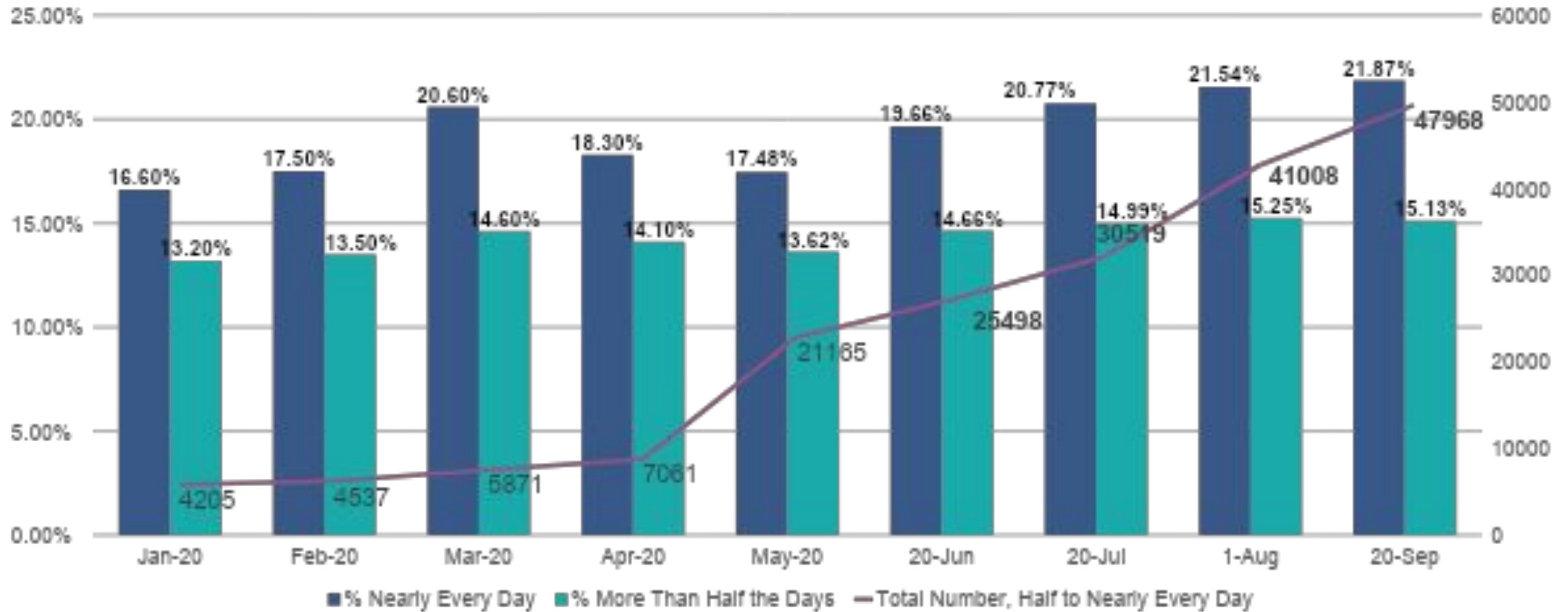


Screeners Are Not “Worried Well”: Over 80% Moderate to Severe Since March 2020

Depression Screeners, Percent Moderate to Severe



Nearly 48,000 People Considered Self-Harm or Suicide in September



September Screeners: The Main Things Contributing to Mental Health Problems Right Now

Reason	Number of Responders	Percent of Respondents
Loneliness or isolation	92,142	70.69%
Past trauma	59,417	45.58%
Relationship problems	54,807	42.05%
Grief or loss	34,245	26.27%
Current events (news, politics, etc.)	34,109	26.17%
Coronavirus	31,979	24.53%
Financial Problems	30,573	23.46%
Racism	10,219	7.84%

N=130,346, scoring moderate to severe anxiety or depression
9/1-9/30, "Choose up to 3"



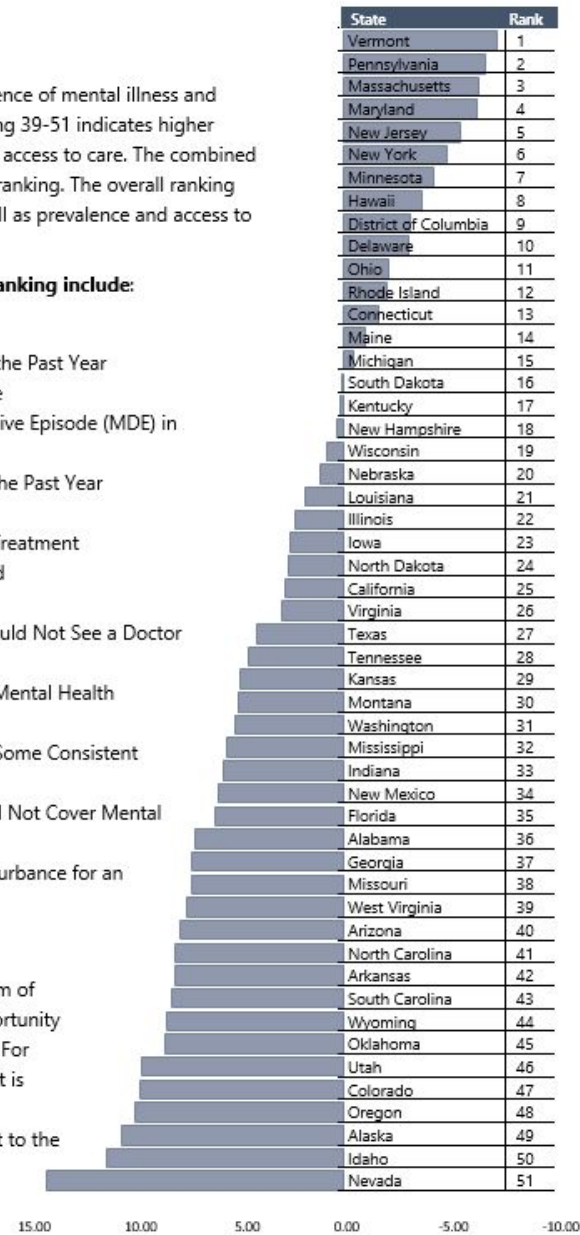
Overall Ranking

An overall ranking 1-13 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking 39-51 indicates higher prevalence of mental illness and lower rates of access to care. The combined scores of all 15 measures make up the overall ranking. The overall ranking includes both adult and youth measures as well as prevalence and access to care measures.

The 15 measures that make up the overall ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Substance Use Disorder in the Past Year
6. Youth with Severe MDE
7. Adults with AMI who Did Not Receive Treatment
8. Adults with AMI Reporting Unmet Need
9. Adults with AMI who are Uninsured
10. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs
11. Youth with MDE who Did Not Receive Mental Health Services
12. Youth with Severe MDE who Received Some Consistent Treatment
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
14. Students Identified with Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

The chart is a visual representation of the sum of the scores for each state. It provides an opportunity to see the difference between ranked states. For example, Vermont (ranked 1) has a score that is higher than Rhode Island (ranked 12). South Dakota (ranked 16) has a score that is closest to the average.

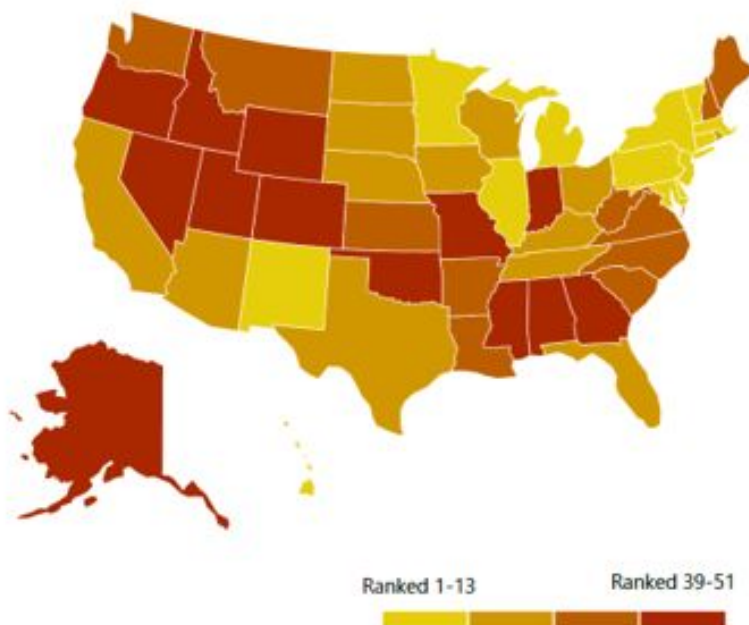


Adult Rankings

States that are ranked 1-13 have lower prevalence of mental illness and higher rates of access to care for adults. States that are ranked 39-51 indicate that adults have higher prevalence of mental illness and lower rates of access to care.

The 7 measures that make up the Adult Ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Adults with AMI who Did Not Receive Treatment
5. Adults with AMI Reporting Unmet Need
6. Adults with AMI who are Uninsured
7. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs



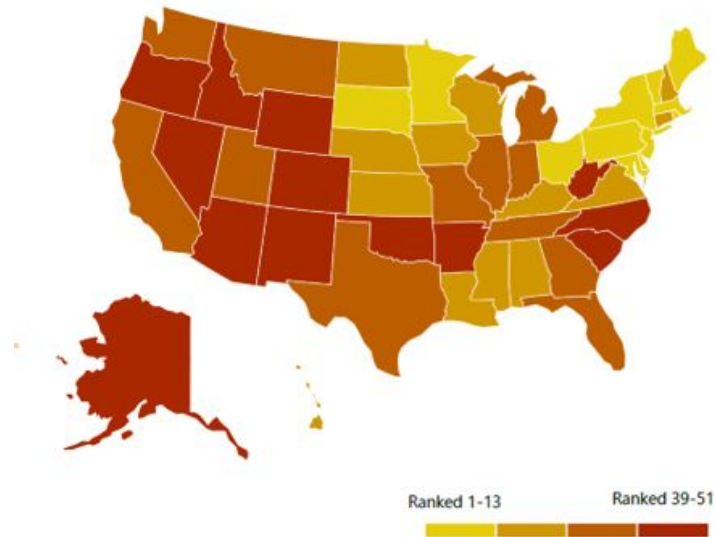
Rank	State
1	Hawaii
2	New York
3	New Jersey
4	Minnesota
5	Pennsylvania
6	Michigan
7	Maryland
8	New Mexico
9	Massachusetts
10	Vermont
11	Illinois
12	Connecticut
13	Delaware
14	Ohio
15	Texas
16	Kentucky
17	Arizona
18	Tennessee
19	Iowa
20	South Dakota
21	California
22	Nebraska
23	North Dakota
24	Wisconsin
25	Florida
26	Rhode Island
27	West Virginia
28	New Hampshire
29	Virginia
30	Arkansas
31	Maine
32	South Carolina
33	Louisiana
34	Montana
35	North Carolina
36	District of Columbia
37	Washington
38	Kansas
39	Indiana
40	Alabama
41	Oklahoma
42	Nevada
43	Georgia
44	Missouri
45	Mississippi
46	Wyoming
47	Idaho
48	Colorado
49	Oregon
50	Alaska
51	Utah

Youth Rankings

States with rankings 1-13 have lower prevalence of mental illness and higher rates of access to care for youth. States with rankings 39-51 indicate that youth have higher prevalence of mental illness and lower rates of access to care.

The 7 measures that make up the Youth Ranking include:

1. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
2. Youth with Substance Use Disorder in the Past Year
3. Youth with Severe MDE
4. Youth with MDE who Did Not Receive Mental Health Services
5. Youth with Severe MDE who Received Some Consistent Treatment
6. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
7. Students Identified with Emotional Disturbance for an Individualized Education Program



Rank	State
1	Vermont
2	Pennsylvania
3	District of Columbia
4	Maryland
5	Massachusetts
6	New Jersey
7	Rhode Island
8	Delaware
9	Maine
10	Minnesota
11	Ohio
12	New York
13	South Dakota
14	New Hampshire
15	Wisconsin
16	Louisiana
17	Connecticut
18	Mississippi
19	Kentucky
20	Virginia
21	Nebraska
22	Iowa
23	Hawaii
24	Alabama
25	North Dakota
26	Kansas
27	Michigan
28	Indiana
29	Georgia
30	Texas
31	Missouri
32	Utah
33	California
34	Tennessee
35	Washington
36	Illinois
37	Montana
38	Florida
39	West Virginia
40	Alaska
41	Oregon
42	Colorado
43	Wyoming
44	South Carolina
45	North Carolina
46	Oklahoma
47	Arkansas
48	Idaho
49	Arizona
50	New Mexico
51	Nevada

What would well serve Maryland

- Not more court orders
- More dollars for existing programs
- Continuing to be among the top ranked states
- Instead of AOT:
- Outreach and engagement programs such as NYS
- **Intensive and Sustained Engagement & (INSET) program**



New York's INSET Program—4 counties and counting

The INSET model of integrated peer and professional services provides rapid, intensive, flexible and sustained interventions to help individuals who have experienced frequent periods of acute states of distress, frequent emergency room visits and hospitalizations and for whom prior programs of care and support have been ineffective. This peer driven, person-centered care coordination model looks beyond assessing individuals' symptoms and instead will address immediate needs while also establishing and/or strengthening networks for sustained support to help participants achieve their specific goals.

INSET requires that individuals are either AOT (Assisted Outpatient Treatment) involved or eligible and provides a voluntary alternative. Historically, these people have not remained engaged in meaningful treatment including the use of prescribed medications, nor have they achieved the successful management of symptoms of mental health and co-occurring conditions. Typically, these individuals have also lacked meaningful connections.

INSET team members

Peer Professional, voluntary, mobile program

The INSET staff works as a team to provide a rapid response to individuals who are either referred or self-referred by attending to the needs that the participant perceives as most pressing

Staffing:

- Program coordinator/team leader

- Recovery specialists

- Care coordinator

- Benefits and entitlement specialist

- Administrative assistant

- Nurse practitioner consultant as needed

How programs like INSET are unique

- Primary focus is on engagement
- Includes people with lived experience
- Includes family members
- Targeted to those who are AOT eligible and those under AOT order
- 80%-90% engagement rate
- Saves counties, state, Medicaid dollars with reduced inpatient days, jail costs, crisis police calls, and court costs
- Keeps participants housed, engaged in treatment, and reduced substance use

For More Resources

- For MHA COVID-19 resources:
<https://www.mhanational.org/covid19>
- State of Mental Health in America report:
<https://mhanational.org/issues/state-mental-health-america>
- To take a free mental health screen:
<https://screening.mhanational.org>



Contact Us



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